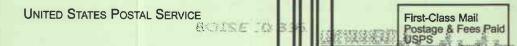
SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. ☐ Agent Print your name and address on the reverse so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece. 2-27-12 or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: 19 No If YES, enter delivery address below: LARRY SCRIVANICH OAKLEY MOUNTAIN CORP 1729 S HWY 27 **OAKLEY ID 83346** 3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered □ Return Receipt for Merchandise Insured Mail II COD 4. Restricted Delivery? (Extra Fee) 2-23-12 5/003/0072 ☐ Yes 2. Article Number 7004 1160 0003 0191 8748 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154



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EMILY BERRY
STATE OF UTAH
DIVISION OF OIL GAS & MINING
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SALT LAKE CITY UT 84114-5801

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Restricted Delivery Fee (Endorsement Required)

Total Pos

40

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1,160

10

LARRY SCRIVANICH
OAKLEY MOUNTAIN CORP

1729 S HWY 27

or PO Box OAKLEY ID 83346

City, State

Sent To